PEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

YOR920000710051

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
|--|--|---|--|-------------------------------|---------------------|------------------|--------------|--------------------|------------------------|--------|----------------------------|------------------------|--|
| TOTAL CLAIMS 27 | | | | | | | R/ | TE | FEE | 1 | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | BASI | C FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 28 minus 20= | | . 8 | | X | 9= | M2 | OR | X\$18= | 144 | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | * \$\delta \ | | X | 0= | | OR | X80= | 8 | |
| MU | LTIPLE DEPEN | IDENT CLAIM PI | RESENT | | | | +1 | 35= | | OR | +270= | ~ | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TO | TAL | 1127 | OR | TOTAL | 954 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | J | OTHER | THAN | |
| | STONE STATE STATE STATES | (Column 1) | • ************************************ | (Colur | | (Column 3) | SM | ALL | ENTITY | OR | SMALL | ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ | 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | F OL A 11 4 | = | X4 | 0= | | OR | X80= | | |
| _ | FIRST PRESE | NTATION OF M | ULTIPLE DEF | PENDEN | CLAIM | | +10 | 35= | | OR | +270= | | |
| | | | | | | | | OTAL | | OR | TOTAL ADDIT. FEE | | |
| ADDIT. F (Column 1) (Column 2) (Column 3) | | | | | | | | | | | AUDII. FEE | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | k 4 (4) k k 4 (8) k | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ | 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | X4 | 0= | | OR | X80= | | |
| <u> </u> | FIRST PRESE | NTATION OF MU | JETIPLE DEF | ENDEN | CLAIM | | +13 | 5= | ., | OR | +270= | | |
| | | | | | | | T | OTAL | · | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | (Colur | nn 2) | (Column 3) | . ADDIT | reel | | | ADDIT: FEE | | |
| AMENDMENT C | 2 9 3 | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | RA | ΓE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ | 9= | **** | OR | X\$18= | Ï | |
| | Independent | • | Minus | *** | | - | X4 |)= | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 5= | | | +270= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | OTAL | | OR | TOTAL | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE | | | | | | | | | | | | | |
| | The "Highest Num | ber Previously Pai | d For" (Total or | Independe | ent) is the | highest numbe | r found in t | he app | propriate box | in col | umn 1. | | |